CALIFORNIA DEPARTMENT OF EDUCATION
STATE GED OFFICE

APPLICATION TO RELEASE GED RECORDS
GED-012 (rev. 6-96) *Please duplicate form as needed.*

This application should be completed only by persons who took the GED test **after** July of 1990 or who tested before July of 1990 **and** **applied for the California High School Equivalency Certificate after testing**.

1.   The applicant must complete Section 1 below. Use your full legal name; do not uses aliases, nicknames or initials.
2.   Return the application to the State GED Office using the address noted at the top of this form. If you are requesting a duplicate certificate(s), you must include a **$12.00 money order (no cash or checks)** for each certificate ordered, payable to the California Department of Education. Score reports are provided without charge.
3.   Make sure to include correct mailing address(es) in Section 2.

The California Department of Education considers GED records **confidential.** Records will not be released, except to an authorized GED Testing Center, without a signed release from the examinee. If there are any questions, please contact the State GED Office at the address noted above or by telephone at 1-800-331-6316.

SECTION I. IDENTIFYING INFORMATION--PLEASE PRINT OR TYPE

NAME -- Last name, first name and middle name at time of testing	DAYTIME TELEPHONE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN NAME
LOCATION AND NAME OF TESTING SITE -- PLEASE INCLUDE CITY	DATE TEST WAS TAKEN
CERTIFICATION: I hereby certify that, to the best of my knowledge, the information on this application is true and complete.	APPLICANT SIGNATURE	DATE

SECTION II.   PRINT OR TYPE ADDRESS(ES) WHERE DOCUMENTS ARE TO BE SENT

AGENCY OR INDIVIDUAL NAME	*Indicate the number and type of documents to be mailed*: ✍	Send _____ certificate(s) Send _____ score report(s)
STREET ADDRESS	CITY	STATE	ZIP CODE

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